

**ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION**

100 North Carson Street
Carson City, Nevada 89701-4717

CATHERINE CORTEZ MASTO
Attorney General



ERIC WITKOSKI
*Consumer Advocate
Chief Deputy Attorney General*

COMPLAINT FORM INSTRUCTIONS:

In order to document all of the facts related to your complaint, I am asking that you review, fill out, sign and return the enclosed form by US Mail. Please do not send by fax or email. This office must have an original complaint in order to take any action. If you have any documents such as bills or other correspondence related to this matter, please attach a **copy** of those items with your complaint. Please do not send original billings. Include as much information as possible. Upon receipt of your signed complaint, and copies of any additional information that may prove helpful, an inquiry letter will be sent to asking the named company to explain their actions and why those actions do not represent a violation of Nevada's deceptive trade laws. Copies of that inquiry will be sent to you so that you are kept aware of the progress of action regarding your complaint.

The Attorney General's Office may not provide legal advice to you in this regard and cannot resolve individual complaints. However, the information you provide is very helpful in determining whether a company conducting business in Nevada may be engaging in deceptive trade practices. I appreciate you bringing this matter to my attention. If you have further questions, please do not hesitate to call me at (775) 684-1165.

Sincerely,

CATHERINE CORTEZ MASTO, Attorney General
ERIC WITKOSKI, Consumer Advocate

BUREAU OF CONSUMER PROTECTION



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION
100 North Carson Street, Carson City, Nevada 89701-4717
Telephone (775)684-1169

COMPLAINT FORM

Thank you for taking the time to complete this complaint. Consumer complaints are one of the primary sources of information upon which the Bureau of Consumer Protection relies to identify problem areas needing enforcement. If your complaint falls under the jurisdiction of another agency, the Bureau of Consumer Protection may forward your complaint to that agency.

INSTRUCTIONS: Please type or print your complaint in ink and complete the form fully.

SECTION 1.

YOUR NAME

Your First Name: _____

Your Last Name: _____

Your Address: _____

(City) (State) (Zip)

Your Phone Number (#): _____

Your Mobile #: _____

Your Fax #: _____

Your Email: _____

Your Date of Birth: _____

YOUR COMPLAINT IS AGAINST

Individual/Business: _____

If Business, Contact Person: _____

Individual/Business Address: _____

(City) (State) (Zip)

Individual/Business Phone #: _____

Individual/Business Mobile #: _____

Individual/Business Mobile #: _____

Individual/Business Mobile #: _____

Individual/Business Mobile #: _____

SECTION 2.

Please detail the nature of your complaint against the above named individual or business. Include the "who, what, when, why, and where" of your complaint. You may use additional sheets if necessary.

My Complaint Is: _____

SECTION 3.

Sign and date this form. The Bureau of Consumer Protection can not process any unsigned, incomplete, or illegible complaints.

I understand that the Attorney General is **not my private attorney**, but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Bureau of Consumer Protection does **not** represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify the Bureau of Consumer Protection of the activities of a particular business or individual. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. I authorize the Bureau of Consumer Protection to send my complaint and supporting documents to the individual or business identified in this complaint.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

(Signature)

(Print Name)

Date:

(Signature)

(Print Name)

Date: